								SERIAL NO. FILING DATE						
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								APPLICANT(S)				1		
	(	FOR US	E WITH	FORM P	O-875)									
						C	LAIN	IS						
	AS FILED		AFTER 1st AMENDMENT		AFTER				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2	4	i						52			1			
3		1	1					53			-			
4		<i>i</i>						54						
5	<b>T</b>	/	<u> </u>		***		۱ ۱	55						
6	-	i					l '	56						
7	,	,	1				·	57						
8		1		1			1	58						
9	1		1					59						
10	1	1					1	60						
11	1						]	61						
12		1						62						
13		$I_{I}$		_				63						1
14							l	64						
15		li .					]	65						
16								66						
17		1					l	67						
18		1					Ī	68						
19							1	69						
20							1	70						
21				1			I	71			Ι			
22			1				]	72						<u> </u>
23							]	73				Ι		
24							1	74						
25		Ī .			1		]	75						
26					ļ		1	76					<u>l</u>	
27		1					1	77						
28						Ţ	1	78		T				
29							1	79						
30							]	80			<u> </u>		1	
31		<u> </u>			<u> </u>		]	81	<u> </u>		1			
32					<u> </u>		1	82	<u> </u>	ļ	<u> </u>	ļ	1	
33				<u> </u>			]	83			1			
34		<u> </u>	<u> </u>		<u> </u>		]	84	<u> </u>	ļ			<u> </u>	
35		ļ		ļ		<u> </u>	4	85	<u> </u>	<del> </del>	<b>_</b>		<del>                                     </del>	
36			1			$oldsymbol{ol}}}}}}}}}}}}}}}}}$	_	86	<u> </u>		ļ	ļ	1	-
37	L	<u> </u>	1		1		4	87	<b> </b>	<del> </del>	ļ	ļ	1	
38		<u> </u>	<u> </u>			1		88	<u> </u>		<u> </u>	ļ	<b></b>	
39					<u> </u>		1	89	<u> </u>		<del> </del>		<del> </del>	
40				4	<del>                                     </del>	<del>   </del>	4	90	↓	1	<b>↓</b>	<del> </del>	+-	4
41		1			<u> </u>	1	4	91	<u> </u>	<b></b>	<del>                                     </del>	<u> </u>	<b>↓</b>	<b></b>
42		<u> </u>	<b>_</b>		ļ		1	92	1	-	1	<del> </del>	<b>_</b>	
43			<u> </u>	<del> </del>	<u> </u>	4	1	93	<u> </u>			<u> </u>	+	<del></del>
44	<b> </b>	1	<b>_</b>		<b></b>	1	4	94	<b> </b>	<b>_</b>	<del> </del>			
45	ļ		<b></b>		<del> </del>	ļ	4	95	<del> </del>	4	1	4	4	<del> </del>
46			<b>_</b>	<del> </del>	<b> </b>	-	1	96	1	4	<del>                                     </del>			
47		-						97				-		
48	<b>!</b>	-	1			-	1	98	-			1		+
- 49	1-	-	<b></b>		1	4	4	99	<b>-</b>			<del> </del>	+	<del> </del>
50 TOTAL		-	1	+	8	-	-	TOTAL	<del> </del>	-	_	-	_	-
TOTAL IND.	.5			J	L		1	IND.	<u></u>					
TOTAL DEP.	14	+		-		-		TOTAL DEP.		-	Q.			-
TOTAL	10					No.	U.	TOTAL	1		4		š.	100 m
CLAIMS	0 (3-78)	ar level of	8				<u></u>	CLAIMS			. 116.5	EPARTM	ENT of C	OMMERC